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## Editorial

## Editor's perspectives – August 2014



I am putting pen to paper whilst taking a break in the middle of the beautiful Loire Atlantique in France. Surrounded by farms with picturesque Gauguin-like fields with hundreds of huge round bales of hay, it is an idyllic part of Europe. With scores of stunning chateaus, medieval towns and the wonderful Loire river, it is bliss. And of course there are a multitude of fantastic restaurants. It is said the English eat to live whilst the French live to eat ... and drink. The route vignoble is on my doorstep with the marvellous Loire white wines-Sancerre, Menetou-Salon, Chablis, Cremont, Satenay, Vouvray, Chinon, Samur, Borgueil and many others. Last month I was at the Caribbean College of Surgeons meeting in Curaçao where one of our main speakers and now an Hon. Fellow of the College was Professor Bauer Sumpio, Professor of Vascular Surgery at Yale University. Bauer has researched the benefit of 2 glasses of red wine per day showing they protect against vascular/coronary disease. Thankfully he did not specify the size of the glass and I am ensuring my arteries stay patent. What I find surprising considering the amount of bread and cheese the French eat is that obesity does not seem to be as great a problem as in other countries. Indeed after two weeks here I can truthfully say I have not come across a morbidly obese person. Perhaps the population do not have time to become obese succumbing to pancreatitis or cirrhosis before they could become obese!

Surprisingly in this bumper edition of our journal there are no papers on obesity but there are articles in which cirrhosis is studied. With 27 articles I will not be able to discuss many in full due to lack of space. We include experimental studies on wound healing with a paper from Iran showing that allogeneous skin fibroblast treated wounds in sheep heal faster. In another wound healing experimental study quince seed mucilage in 10–20% concentrations was shown to promote wound healing in rabbits. A third experimental study from Korea looks at the HLA-C polymorphism and killer-cell immunoglobulin-like receptor gene Analysis in Korean colorectal cancer patients. They postulate that the presence of KIR2DS5 in the presence of its ligand HLA-C1 group may have a protective effect against colorectal cancer.

There are a number of papers related to colorectal cancer. From Italy a prospective study between laparoscopic and open sigmoid colectomies in which they show the laparoscopic approach to be superior. In another article from Italy, the authors demonstrated that if conversion was necessary in minimally invasive colorectal surgery earlier (<105 min) there were significantly lower number of transfusions and better outcomes than late conversions. An interesting paper on intra-operative complications during rectal cancer surgery in which the authors studied 605 consecutive operations demonstrated an 11% complication rate the most common being splenic injury. The overall morbidity was unaffected but there

was a longer hospital stay. The only predictive marker for intra-operative complications was pulmonary disorders.

I have always had an interest in hyperhidrosis since I started minimal access surgery in February 1990. We include two papers on this subject, one from Brazil and one from India. Both address the difference between T3 and T4 ablation. Both surprisingly had exactly the same number of patients studied (274). Both showed T4 ablation had better outcomes with less compensatory hyperhidrosis, their results being very similar. From the UK there is an interesting article on the use of letrozole as a primary treatment in elderly women with breast cancer. They showed clinical benefit in 60% of their patients and state that a positive expression of p53 was associated with poor progression free survival.

There are no less than seven Hepato-Biliary articles. The first I shall mention concerns risk factors for early post-operative bile leakage in bile duct calculus. In a retrospective study of 943 patients, 68 had bile leakage- 41 mild and 27 severe. Using the Clavien classification the independent risk factors for both mild and severe leakage were attacks of acute cholecystitis within one month and associated hepatectomy. In the mild group previous biliary surgery was also a factor whereas in the severe group biliary-enteric anastomose was a risk factor. From Egypt there is a paper on Hilar cholangiocarcinoma in patients with a cirrhotic liver. 102 out of 243 patients had cirrhosis and these patients had a longer hospital stay, an increased incidence of post-operative liver failure and a decreased survival. Oriental cholangiohepatitis is found especially in S.E. Asia. It can be associated with ascaris infection especially in the Indian subcontinent. The authors mention 5 grades with treatment depending on the grade, ranging from CBD exploration with T-tube drainage to partial hepatectomy + post-operative chemotherapy to control parasitic infection if present. There is a paper on the technique and outcomes of combined IVC and visceral resection for benign and malignant disease. The authors retrospectively reviewed 14 patients who underwent IVC resection 8+ major hepatic resection, 6+ nephrectomy & 3+ multi-visceral resections. 2 died within a month, there were 6 complications with 1 early and 1 late IVC thrombosis. The authors conclude it is worthwhile but these operations should be performed in centres with expertise in liver transplantation. From nearer home in the West Indies, Shamir Cawich and his colleagues show emergency laparoscopic cholecystectomy is effective and safe in a low volume resource poor setting provided the operations are performed by trained laparoscopic surgeons. Selective hepatic exclusion seems better than the Pringles manoeuvre as demonstrated in a randomised control trial in 160 Chinese patients. In patients with gastric cancer and cirrhosis radical gastrectomy with a D1 clearance should be undertaken in Child-Pugh class A patients. Radical gastrectomy is very

dangerous, even fatal, for class C patients. Finally from the USA 4 trials are reviewed concerning external pancreatic stenting which appears to be efficacious in terms of decreasing the incidence of post-operative fistula formation as well as decreasing hospital stay.

Turning to the upper GI Tract there is a paper on the early results following laparoscopic repair of large para-oesophageal hernias using Gore Bio A mesh from Spain. There are only 10 patients in their study and the follow up was only 20 months. There has been one recurrence and no mesh related complications. From the urologists we have an article reporting 8 patients who suffered from massive haemorrhage after per-cutaneous lithotomy who had their kidneys saved by partial nephrectomy or renorrhaphy when angio-embolization failed, was unavailable or unaffordable. I found the article on total thyroidectomy vs hemi-thyroidectomy for patients with follicular neoplasms; a cost utility analysis interesting. The Colombian surgeons report total thyroidectomy is the most cost effective treatment for these patients which was not surprising. Neither was the result of a randomised control trial looking at the use of prophylactic antibiotics following haemorrhoidectomy which had no benefit with respect to post-operative pain or time to complete wound healing. From the USA we include a paper on the incidence of post prandial nausea and nutritional regression in gynaecological cancer patients following intestinal surgery. 218 patients were studied and the authors showed that early feeding led to significantly greater risk for developing post prandial nausea. However, the later patients were fed the longer was the hospital stay.

I will finish with three articles on diverse subjects. The first is a prospective longitudinal evaluation and affecting factors of health related Quality of Life after appendicectomy. The degree of inflammation and the patient's age were key health related QoL outcomes. The last two papers I want to mention are both from the UK. The first looks at surgical care in low and middle income countries:

burden and barriers. The barriers listed are accessibility, availability, affordability and acceptability which sound almost the same as the qualities I was told years ago are necessary to succeed in private practice-available, affordable, affable and always accessible. The authors point out the need for a collaborative approach to increase and to accelerate progress towards improbable and sustainable surgical care with international organisations, policy makers, health care managers and other stakeholders as well as academic institutions. They sum up by stating that surgery is a global health priority. I have left the article I found the most interesting of all to last as skills training has been and still is one of my special interests. The authors studied surgical skills training in a national review of 23 medical schools. They found that medical schools provide minimal basic surgical skills training. Extra-curricular surgical societies provide more skills training but the bottom line is that senior medical students do not possess simple surgical and procedural skills. Therefore newly qualified doctors are at risk of being unable to perform practical procedures which is contrary to the General Medical Council guidelines. Thank goodness we started surgical societies in all medical schools by forming the medical students liaison committee at the Royal College of Surgeons of England 12 years ago. I must also add that all our students in Barbados attend surgical skills labs and are not only confident and adept on qualifying but also are examined on sutures and instruments in their final surgery examinations.

Well I must return to lying by the pool whilst editing articles for our next edition. Do keep producing such fascinating and well written papers.

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